



STATE OF NEW HAMPSHIRE
DEPARTMENT OF CORRECTIONS
OFFICE OF THE COMMISSIONER

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Helen E. Hanks
Commissioner

Benjamin R. Jean
Assistant Commissioner

Safeguard Training Application

Please fill out and answer all of the questions in the application below. Any application that is not completely filled out will be returned to the sender. All applications must be sent into the NH Department of Corrections 30-days prior to the training date to the attention of Tina Thurber, NH Department of Corrections, P.O. Box 1806, Concord, NH 03302-1806.

Name (Please Print): _____ Date of application: _____

Resident Name: _____ Resident ID # _____

Date of Birth: _____

Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Are you and Approved Visitor: Yes _____ No _____

If you are not an approved visitor, you will need to complete that process prior to safeguard training.

1. What is your relationship to the resident? _____

2. How long have you known the resident? _____

3. Are you aware of the crime(s) the resident is incarcerated for? Yes/No – If no, please explain. _____

4. Do you acknowledge the resident has been found guilty of the crimes? Yes/No – If no, please explain. _____

5. Do you believe you are capable of protecting a child from harm? Yes/No – If no, please explain. _____

6. Do you understand why you have been referred to complete the NHDOC Safeguard Training prior to bringing minor children into the NHDOC Visiting Room to visit with the resident?

7. Can you tell us about any strengths that you have that will be helpful in being a chaperone for visitation between the resident and the child?

8. Can you tell us what you are looking to learn from the Safeguard Training?

9. Please circle the training date you would prefer to attend (note, you are not guaranteed the date that you circle, but we will do our best to accommodate your preferred date):

1/8/2021 4/9/2021 7/9/2021 10/8/2021

The applicant must be on the resident's approved visitor list prior to completing the Safeguard Training. If you are not currently an approved visitor, please fill out the attached form giving the NHDOC permission to conduct a motor vehicle check and a criminal records check; please send this form in with the application. Once the application has been received, it will be reviewed by the Safeguard Training staff for completeness and review of responses to all questions within the application. Should there be any questions regarding any response provided, the Safeguard Training staff may reach out for clarification. All applicants will receive a letter stating whether they have been approved or denied entrance into the Safeguard Training. Applications may be denied based on background check or inappropriate/concerning responses to questions.

Upon approval, the applicant will be added to a Safeguard Training roster and provided notification of the training date, time and location.

By signing below you are signing that you have filled out the application completely and truthfully to the best of your ability.

Signature

Date